

#10

PTO/SB/82(09-03)
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Application Number	08/292,286
Filing Date	8/18/94
First Named Inventor	MURRAY E. STANLEY, JR.
Art Unit	3207
Examiner Name	Stephen P. Garbe
Attorney Docket Number	2196.1-1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

MURRAY E. STANLEY, JR.

Signature

Murray E. Stanley, Jr.

Date

December 20 2003

Telephone

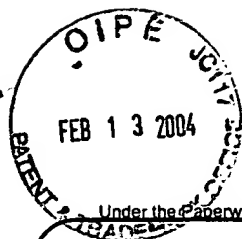
(619) 294-2922

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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PTO/SB/21 (08-03)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	08/292,286	
	Filing Date	08/18/94	
	First Named Inventor	MURRAY E. STANLEY, JR.	
	Art Unit	3207	
	Examiner Name	Stephen P. Garbe	
Total Number of Pages in This Submission	2	Attorney Docket Number	2196.1-1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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TECHNOLOGY CENTER R3700**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	JOHN D. BUCHACA, ESQ. CHARMASSON, BUCHACA & LEACH, LLP
Signature	
Date	FEBRUARY 11, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	JOHN D. BUCHACA		
Signature		Date	2-11-04

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